



**COMMUNITY DEVELOPMENT DIVISION  
FREDERICK COUNTY, MARYLAND  
DEPARTMENT OF PERMITS AND INSPECTIONS**

**30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701  
PHONE (301) 600-2313 • FAX (301) 600-2309**

September 2, 2011

To Whom It May Concern:

The Frederick County Electrical Board has designated the date of **October 20, 2011** to give the examination to qualified applicants for Master General, Restricted, and Limited License in Frederick County.

Attached you will find

- ❑ An application form, which will be submitted to this office with all required information. Fill out the application completely to be considered.
- ❑ A copy of the specific section of the Ordinance indicating the qualifications the applicant must have to take the licensing examination
- ❑ A copy of the electrical work verification form (which can be used in lieu of a letter) for documentation of your work experience. Only original documents will be accepted (no copies). The documents must be notarized. This office will verify all documents submitted.

If your employer wishes to send a letter of work verification it needs to:

- ❖ list the applicants name & address
- ❖ state the time frame of employment
- ❖ list applicants job duties (detailing electrical duties)
- ❖ be original letter (no copies)
- ❖ be signed by master electrician for whom you work(ed), stating his/her license number, stating the state or county he/she holds a master license or equivalent to a Master Electrician (your credentials must accompany this form to verify equivalency)

Application must be accompanied by a check in the amount of forty five dollars (\$45.00), made payable to Frederick County. This is a non-refundable fee.

If you have taken the test on a previous date, please indicate this on your application.

The Secretary of the Board must receive your application and related materials no later than **4:00 PM on October 6, 2011**. Applications cannot be accepted after that time.

**Note:** If full instructions are not followed correctly and completely, your application and materials will be returned to you.

If you have any questions, please feel free to contact this office at 301-600-1089.

Sincerely,  
Pam Moulton  
Secretary of the Frederick County Electrical Board



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**FREDERICK COUNTY, MARYLAND**  
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Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Circle the type of license:    Master General        Restricted - List the Category number \_\_\_\_\_  
(See list below)

1-Electrically Operated Heating/Air Conditioning and Refrigeration Equipment    2- Motor Repairs and Service 3-Low Voltage – 50 Volts or Less    4-Or any other electrical equipment, to be specified on license
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Have you taken the examination before?(Yes or No)\_\_\_\_\_ If yes, list date of exam\_\_\_\_\_

Employer(s):

Name of Company:\_\_\_\_\_

Dates of Employment: From\_\_\_\_\_ To: \_\_\_\_\_

Position with Company\_\_\_\_\_

Type of Work Experience (Performed by you):\_\_\_\_\_

\_\_\_\_\_

Name of Company:\_\_\_\_\_

Dates of Employment: From\_\_\_\_\_ To: \_\_\_\_\_

Position with Company\_\_\_\_\_

Type of Work Experience (Performed by you):\_\_\_\_\_

\_\_\_\_\_

Name of Company:\_\_\_\_\_

Dates of Employment: From\_\_\_\_\_ To: \_\_\_\_\_

Position with Company\_\_\_\_\_

Type of Work Experience (Performed by you):\_\_\_\_\_

\_\_\_\_\_

If you need to list more companies, list them on another sheet of paper and attach it to this application.

**Signature**\_\_\_\_\_

Note: You must attach a letter verifying your employment from your employer(s). We will only accept **originals** (no copies will be accepted). All letters from employer **must be notarized**. If applying by combination of work experience and scholastic record, copies of related school certificates and verification of employment letters must be submitted with application.



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Qualifications for taking the Electrical Examination

**REQUIREMENTS**

According to the Frederick County Ordinance:

***Master Electrician - General***

Section 1-7-95      Person Eligible for License

(a) An applicant for examination for a master electrician-general license shall have been regularly and principally employed or engaged in electrical construction, maintenance, installation, and repair of all types of electrical equipment and apparatus for not less than seven (7) years preceding the date of the application under the direction and supervision of a master electrician-general or its equivalent. The electrical board may credit not more than three (3) years for formal course study or professional training in electrical installation, if, in the option of the electrical board, the study or training provided comparable experience and training otherwise attainable under the supervision of a master electrician-general or while employed by a government agency.

***Master Electrician – Restricted***

Section 1-7-95

(c) The applicant for a master electrician-restricted license shall satisfactorily establish that he has been actively in charge of electrical installation work under the supervision of a master electrician or master electrician-general or master electrician -restricted in the particular branch or branches applied for, for the period of at least two (2) years, or equivalent at determined by the electrical board and shall pass an examination with respect to the particular branch or branches to be covered by the license applied for.

**Branches or Categories:**

- 1) Electrically Operated Heating/Air Conditioning and Refrigeration Equipment
- 2) Motor Repairs and Services
- 3) Low Voltage – 50 Volts or Less
- 4) Any other Electrical Equipment, to be specified on License



PERMITTING AND DEVELOPMENT REVIEW DIVISION  
FREDERICK COUNTY, MARYLAND  
DEPARTMENT OF PERMITS AND INSPECTIONS  
30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701  
PHONE (301) 600-2313 • FAX (301) 600-2309

VERIFICATION OF ELECTRICAL WORK  
(This form may be used instead of a letter)

To: Frederick County Electrical Board

This is to verify that:

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Has been employed at my company from \_\_\_\_\_ to \_\_\_\_\_

Giving him/her a total number of \_\_\_\_\_ years and \_\_\_\_\_ months.

The employee job duties that involve electric include: (list specific detailed types of electrical work. This will determine your employee's qualifications to take the electrical examination)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may list additional information on a separate sheet of paper and attach it to this form.

I, \_\_\_\_\_ certify that I am a Master Electrician. My license number is \_\_\_\_\_  
(Your Name)

Registered in the State of \_\_\_\_\_ or County of \_\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Or**

I, \_\_\_\_\_ am the equivalent to a Master Electrician (Your credentials must  
(Your Name)  
accompany this form to verify equivalency)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Seal

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_